**Individual Highlights:**

<table>
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<th>Topic</th>
<th>Issue</th>
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<td>Co-ACIT Study</td>
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**Cover Photo:** ZSFG Wells Fargo Plaza
For the entire week, we remained at Yellow Level in our surge plan for the hospital, however, we saw an increasing number of new COVID-19 cases and hospitalizations across the city. The graph below highlights this week we have surpassed the highest number of San Francisco hospitalizations we had back in April of 94 patients to 99 patients this week. Urgent Care reported increasing number of cases presenting with respiratory symptoms. We continue to have adequate hospital capacity in San Francisco to accommodate a COVID-19 surge, but we are continuing to watch and monitor this evolving situation. Please continue to be diligent off campus as we are on campus with respect to wearing masks, physical distancing and good, consistent hand hygiene.

**KEY FIGURES IN SAN FRANCISCO** (Source: https://www.sfdph.org/dph/alerts/coronavirus.asp)

<table>
<thead>
<tr>
<th>Data updated on 7/16/2020</th>
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<tbody>
<tr>
<td>Total COVID-19 Test Results Reported</td>
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<tr>
<td>203,804</td>
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<table>
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<tr>
<th>Data through 7/15/2020</th>
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<tr>
<td>Gender Distribution of Positive Cases</td>
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<tr>
<td>Female</td>
</tr>
<tr>
<td>42%</td>
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CO-ACIT Study Update  
*By: Sarah Cary*

Thank you for the great collections over the past week. Total specimens - **30** patients.

We collect weekdays 0900-1700 or until the daily quota has been met. Once the blue buckets are gone, specimen collection for the day is ended. Specimens should be collected with initial lab draw. The tubes do need to be filled!

Please continue to ask questions when we are in the ED. We appreciate your suggestions.

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Fall Risk Screening  
*By: Brian Cross, BSN, RN, PHN*

**S:** We are currently trying to increase our compliance with the completion of the Kinder 1 fall assessment on all patients to improve patient safety, especially those who have screened positive.

**B:** With a recent increase in patient falls within the department we are looking at ways that we can prevent these incidences in the future.

**A:** We have found deficiencies in the amount of fall risk screenings that have been completed by both the triage and primary nurse.

**R:** We are encouraging all staff to complete a fall risk assessment on each patient while in the emergency department per ED policy, and to reassess the patient’s need to be identified as a fall risk as their conditions change.

---

**Percent Of Fall Risk Screenings Completed**  
*Goal: 90%*

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<tr>
<th>Month</th>
<th>85.50%</th>
<th>86.00%</th>
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<th>87.50%</th>
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<tr>
<td>April</td>
<td>April</td>
<td>May</td>
<td>June</td>
<td>July</td>
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Currently our goal for the department is to reach a 90% fall screening rate on all patients. With extra help from all nurses we should be accomplishing this goal soon.
Survey Readiness
By: Bebs Navarro, MSHA, RN

We are in our survey window and we know that the Joint Commission Survey could happen any time. We must partially shift our focus towards regulatory compliance and proactive preparation.

You can access the survey readiness materials by clicking on the Survey Readiness icon on the ZSFG intranet homepage:
- ZSFG Be Survey Ready Staff Handbook
- ZSFG Be Survey Ready FAQs
- ZSFG Survey Readiness Checklist
- ZSFG Emergency Resources Guide
- ZSFG DET Emergency Response cue card (aka Badge Buddy sticker)

The surveyors want to know how we do things at ZSFG and many times the answer to their questions are found in the ZSFG’s hospital and departmental policies and procedures which govern staff practice.

Please obtain your Be Survey Ready Staff Handbook at the ED conference room so you can start familiarizing yourself with the tips for survey readiness.
Celebrations!!

**CARLOTA MALIT** uplifting the night shift by showing us her great dance moves during down time!

Thank you,

Nicole Oftedal

I just wanted to celebrate 2 nurses from the 7/8 NOC shift.

**LILY GONG** was the Pod A TL and never told the greeter RNs “no”. She always was accommodating and made room for whichever patient we needed to get back. She made our job very easy.

**GRETCHEN ARCIA** was the charge nurse and I saw her handle multiple difficult situations with unparalleled poise and grace. She handled several Code 50’s along with the emotional stress of multiple family members of a patient just placed on comfort care. She did everything she could to get the family members to see their loved one AND, IN THE END, the family was able to say their goodbyes and have some closure. Watching her handle this extremely difficult situation regarding visitor policy and the real-life family emotions was highly impressive.

Best,

Patrick Lavin

**7/11 THANK YOU TO RN NASH** for doing a great job fitting in cleaning up Pod B on a busy night

Niki Ramirez

**STEPH WERTMAN AND PAT LAVIN** for helping out in EMS triage on a short night. Thank you!

Nicole Oftedal

**THANK YOU WILL CARPENTER, JOHN FLANAGAN, PAT LAVIN, BETH CLEVENGER** for staying over 2-4 hours to help with staffing and breaks with multiple sick calls. Thank you, Rob Amjad, for coming in on your day off!

**GREAT IDEA JUAN PONCIA** for coming up with the idea to use suction without the Yankauer to decon the tons of ants on a patient. Worked great!!

Thank you!

Rob Alvernaz, RN

**GREAT JOB JONATHAN ALEXANDER, MICHELLE LAWLESS AND ASHLEY MOSTOWY** for taking care of 2 COVID ICU patients.

Resus Team Maura, Jenny, Jonathan, Chris, Sarah W., Sarah G., Eric H and Ceci for taking care of 5 ICU’s in a short amount of time delivering great care.

Rob Alvernaz, RN

**THANK YOU TO JOHN FAZIO** for organizing the multidisciplinary team debriefing for the July 4th MCI. It was the first zoom debriefing we had.

Malini Singh, MD

I want to thank you all again for your absolute commitment, diligent work, tirelessness and resilience as we support our patients and our community through this challenging time.

I hope you take time to do some self-care this weekend, be kind to yourselves, take a moment to relax and take care of your families and love ones.

Stay healthy, stay safe and stay strong!

Bebs Navarro

**CECILIA CARVAJAL, RN** did an awesome job as Pod CTL juggling admissions and helping manage the Pod B overnight shutdown.

Gretchen Arcia, RN
Policy Corner:
Callbacks for Abnormal Diagnostics
By: Lisa Morgan, RN

- What happens when patients leave the ED and then are found to have an abnormal test/diagnostic?

- We all do our best to provide thorough care, but sometimes things are missed.

- Not to worry, there is a system to ensure that patients get follow up!

- The NPs, designated RNs and the Attendings manage the call back system.

- Once they are notified of an abnormal finding, they investigate and either call the patient with recommendations or to come back into the ED.

- If they cannot contact the patient, they will send a letter.

- A note is made in the patient’s electronic health record.

- If there is an urgent / emergent issue, Risk Management is also notified.

- If the patient is returning a call, the call should be given to an on-duty NP and if after hours, the Pod C Attending.

- If you want to learn more, see the ED Policy: Call Back - Notification of ED Patients Abnormal Diagnostic Test Results